

FOCUS SAMPLE REVIEW CHECKLIST
ENTRY TO SERVICE

Agency/Area Program:	Reviewer Name:
Focus sample individual name/#:	Review Date:
BASED ON FILE REVIEW -- THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM FILE REVIEW
ENTRY TO SERVICE (404 NAC 4-003.05)	
The provider gathered and reviewed referral information regarding the individual, to the greatest extent possible, so that the provider is aware of the individual's preferences, strengths, and needs to make a determination as to whether their agency is capable of providing services to meet the individual's needs.	
The provider considered the safety of all individuals in the decision to accept new individuals to service or the location for the services.	
The provider considered whether they have the capacity, commitment, and resources necessary to provide supports to the individual for the long term.	

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ASSESSMENTS (404 NAC 4-005.01A)	
The provider conducted assessments for the individual to obtain accurate and complete information related to the individuals history, preferences, strengths, and abilities and needed services within 30 calendar days of entry to services.	
IPP (404 NAC 4-005.01B)	
The provider participated in the development of the annual IPP and took necessary steps to ensure the IPP documents the IPP team review, discussions, and decisions.	
PROGRAMS AND SUPPORTS (404 NAC 4-005.01C)	
The provider developed a specific written plan with enough detail to consistently implement these services.	
Programs are based on the goals identified in the IPP for the development of functional skills.	
POSITIVE BEHAVIORAL SUPPORTS (404 NAC 4-005.03)	
If applicable for addressing behaviors, the provider ensured behavior supports and emergency safety interventions for emergency safety situations are in place.	

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NOTICE OF COSTS TO THE INDIVIDUAL (404 NAC 4-005.04)	
Written notice was provided to the individual before initiation of services specifying that individuals will not be charged for services or items that are covered through other funding sources, including items necessary to provide habilitation and transportation related to habilitation	
The written notice specifies who is responsible for replacement or compensation when individual's personal items are damaged or missing.	
The written notice specifies how individuals will be compensated when staff or other individuals in services who do not reside in the location (i.e. respite) utilize the environment and eat food paid for by individuals. <i>(Note – this excludes any visitors/guests invited by the individuals to socialize in the residence.)</i>	
PROVIDER MANAGEMENT OF INDIVIDUAL'S FINANCES (404 NAC 4-005.05D)	
<p>If the provider is responsible for handling the individual's funds, they maintain a financial record for the individual including:</p> <ol style="list-style-type: none"> 1. Documentation of all cash funds, savings, and checking accounts, deposits, and withdrawals; and 2. An individual ledger which provides a record of all funds received and disbursed and the current balance. 	

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HEALTH SERVICES (404 NAC 4-005.06)	
<p>Unless otherwise assigned in the IPP, the provider has taken reasonable steps to assist and support the individual in obtaining health services consistent with his/her needs. This includes:</p> <ol style="list-style-type: none"> 1. Medication administration and monitoring; 2. Medical services; 3. Dental services; 4. Nutritional services; 5. Health monitoring and supervision; 6. Assistance with personal care, personal health care and education, exercise, and other therapies. 	
<p>Unless otherwise assigned in the IPP, the provider has arranges for or assists the individual in obtaining evaluations and services based on the individuals need, such as:</p> <ol style="list-style-type: none"> 1. Physical exams; 2. Dental services; 3. Psychological services; 4. Physical and occupational therapy; 5. Speech therapy; 6. Audio logical services; 7. Vision services; 8. Nutritional therapy; 9. Any other related evaluations and services. 	

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<p>Unless otherwise assigned in the IPP, the provider ensures the individual receives:</p> <ol style="list-style-type: none"> 1. A medical evaluation every 12 months; and 2. A dental evaluation every 12 months. <p><i>(Note – exception is when the medical practitioner or dentist has identified the need for the evaluation on an alternate schedule.)</i></p>	
<p>The provider ensures observing, reporting, and responding to the individual's health service needs to ensure needs can be appropriately met.</p>	
<p>The provider ensures the individual receives care, treatment, and medications in accordance with orders from a medical practitioner. Recommendations from other health care professionals must be reviewed by the IPP team and incorporated into the IPP as determined by the IPP team.</p>	
<p>If applicable, the assists the individual with utilization of assistive and adaptive devices as needed and as identified on the IPP.</p>	
<p>The provider maintains health-related records for the individual to document the provision of services and the individual's response to services.</p>	

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RIGHTS OF INDIVIDUALS RECEIVING SERVICES (404 NAC 4-007)	
The individual (parent if minor, or legal representative) is informed of the individual's rights and responsibilities, and was given verbally and in writing in a manner that is easily understood.	
COMPLAINTS AND GRIEVANCES (404 NAC 4-009)	
The provider reviewed the complaint and grievance process, including the right to go to court, with the individual and his/her legal representative.	
RIGHTS REVIEW COMMITTEE (404 NAC 4-011)	
If the individual takes psychotropic medication or has restrictions, the rights review committee has approved the restrictive measures (or there is interim approval by a documented designee of the committee and there are meeting minutes documenting final approval by the overall committee at its next meeting)	
CONFIDENTIALITY (404 NAC 4-012)	
The provider ensures protection of the confidentiality of the individual's information, including verbal, electronic, and written form.	

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INDIVIDUAL RECORD (404 NAC 4-013.01)	
<p>The provider has a record for the individual including (but not limited to):</p> <ol style="list-style-type: none"> 1. Date of entry to services; 2. Name, gender, and birth date; 3. Current physical description or current photo; 4. The language or means of communication; 5. Legal status and name/telephone #/address of legal representative, if applicable; 6. Emergency contact name/phone #/address; 7. Individual's current personal physician name/phone # (and other health care professionals, if applicable); 8. Relevant medical information (history of seizures, illness, physician orders, treatments, medications, medication history, immunizations, physician contacts, emergency room visits, dental visits, counseling visits, and hospitalizations); 9. Records of incidents and accidents; 10. Records of emergency safety intervention usage and rationale for use; 11. IPP; 12. Documentation of delivery of services and supports; 13. Individual's rights notification; 14. Notice of charges; 15. Name of Service Coordinator and phone #; 16. Accounting of the individual's funds, if managed by the provider; 	

<p>17. Notification of termination of services (if applicable); and 18. Social history information.</p>	
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